

Republicans Continue to Sabotage Americans' Access to Affordable, Quality Health Care

Today marks one year since House Republicans voted for TrumpCare, which would have repealed the Affordable Care Act (ACA) and resulted in millions of Americans without health coverage. After failing to repeal and replace the ACA, they have continued to work to sabotage the law – destabilizing the marketplace, kicking Americans off coverage, and increasing costs for consumers. In fact, according to the [Commonwealth Fund](#), the uninsured rate has increased by 3% from 2016 and nearly 4 million more Americans are uninsured in 2018. Republicans control all levers of government and have a responsibility to work on a bipartisan basis to strengthen Americans' access to affordable, quality health care. Instead, here's a look at how their actions have made it more difficult:

DRIVING UP PREMIUMS

In addition to providing 83% of its tax cuts to the wealthiest 1% of Americans, the Republican tax law removes the Affordable Care Act's individual mandate, which destabilizes the market, raises out-of-pocket costs for millions of consumers, and results in millions of Americans losing coverage. In November 2017, the non-partisan [Congressional Budget Office](#) estimated that, as a result of the tax law, premiums will increase ten percent more annually and 13 million Americans would lose coverage over the next decade. Americans are expected to see [significant premium increases in 2019](#) from Republicans' actions.

Even former HHS Secretary Tom Price has warned of the harmful impact of removing the mandate:

“There are many—I am one of them—that actually believe that will harm the (risk) pool in the exchange market... Younger and healthier people may now not participate in that market and consequently that drives up the costs for other folks.” [Modern HealthCare, [5/1/18](#)]

UNDERMINING THE LAW THROUGH EXECUTIVE ORDERS

From his first day in office, President Trump has signed several executive orders undermining the implementation of the Affordable Care Act, which:

- Undermine consumer protections and allow insurance companies to sell plans without essential health benefits, like hospitalization, meaning people may not be able to get the care they need;
- Significantly destabilize health care markets, leaving consumers with few – if any – options for affordable health coverage;
- Allow healthier consumers to obtain cheaper plans with few benefits that won't cover all the care they may need, while leaving older, sicker consumers with skyrocketing costs;
- Return us to the days when insurance companies could discriminate against Americans with pre-existing conditions.

In particular, the Administration's announcement of its intent to allow insurance companies to sell short-term “junk plans” without limitations would effectively allow insurers to once again discriminate against Americans with pre-existing conditions, charge women higher rates than men for the same coverage, and drop those who become sick. Codifying “junk plans” also destabilizes the marketplaces and raises costs on all Americans by forcing those with pre-existing conditions to pay more for comprehensive coverage.

An [Urban Institute analysis](#) found that expanding short-term plans paired with removing the law's individual mandate would drive up rates by 20% and increase the uninsured ranks. The [Kaiser Family Foundation](#) also studied short-term plans and found plans in Miami, Phoenix, and Houston could require patients to pay up to \$20,000 or even \$30,000 more in just three months for their health care.

Insurers, hospitals, and patient advocates strongly oppose the Administration's actions:

Chet Burrell, CEO of CareFirst Blue Cross Blue Shield: “Continuing actions on the part of the administration to systematically undermine the market and make it almost impossible to carry out the mission.” [Washington Post, [5/1/18](#)]

Matt Eyles, President, America's Health Insurance Plans (AHIP): “When you think about things like the individual mandate going away, some of the other proposed rules that are being put in place, whether it be around association plans, short-term policies, it's just still a nasty soup right now that's brewing and we're looking ahead to 2019 and it's not a really great picture right now...” [The Hill, [4/9/18](#)]

American Cancer Society Cancer Action Network, American Heart Association, American Lung Association, and Cystic Fibrosis Foundation joined 21 health organizations to speak out against short-term junk plans: “Given the history of discrimination and inadequate coverage within short-term limited-duration plans, we are deeply concerned that the proposed rule could seriously undermine the key principles of access, adequacy, and affordability that are the underpinnings of current law – and put those we represent at enormous risk.” [Letter to HHS and CMS, [4/23/18](#)]

American Academy of Family Physicians: “The AAFP strongly opposes the proposed rule since it allows plans to sell low-value insurance policies that could subject patients to catastrophic medical bills and medical bankruptcy. We oppose efforts to exempt short-term, limited-duration plans from consumer protections such as covering preexisting conditions or essential health benefits (EHBs)...” [Letter, [4/18/18](#)]

American Medical Association: “We believe the proposed rule... would culminate in plans being offered that fall far short of maintaining crucial state and federal patient protections, disrupt and destabilize the individual health insurance markets, and result in substandard, inadequate health insurance coverage.” [Forbes, [4/22/18](#)]

Alliance of Community Health Plans: “The proposed rule will undermine consumer protections because short-term, limited duration plans do not require coverage of essential health benefits or coverage of pre-existing conditions. There is a substantial risk that consumers will not understand the coverage limitations that accompany short term plans... This could lead to consumers purchasing health insurance that is inadequate for their medical needs, potentially resulting in personal bankruptcy and an increase in uncompensated care for hospitals and other facilities.” [Letter to CMS, [4/19/18](#)]

American Hospital Association: “Today's proposed rule is a step in the wrong direction for patients and health care providers because it would allow insurers to sell products that do not constitute true ‘insurance.’ These products would appear cheaper to consumers, but would do so at a significant cost: by covering fewer benefits and ensuring fewer patient protections, such as coverage of pre-existing medical conditions. In addition, the expansion of these types of plans could undermine the individual market by concentrating the risk of less healthy individuals in those markets, driving up the cost of comprehensive coverage.” [Statement, [2/20/18](#)]

Federation of American Hospitals: “[Members] are concerned that the result will be increased uncompensated care, particularly for patients who need uncovered services or treatment for preexisting conditions.” [Modern Health Care, [4/23/18](#)]

UNDERMINING ENROLLMENT

The Trump Administration has taken dramatic steps to undermine enrollment in the marketplaces and make it harder for Americans to sign up for coverage, which is already driving up the uninsured rate:

- **Cutting the open enrollment period in half**, giving Americans less time to apply for affordable health care. The open enrollment period for 2018 was half the length of open enrollment for 2017. Open enrollment for 2018 gave Americans just six weeks to sign up for health care.
- **Slashing funding for outreach efforts that help educate Americans on the enrollment process by 90%.** This funding helps navigators and grassroots organizations participate in health fairs and walk Americans through the health care sign-up process.
- **Shutting down the Healthcare.gov website on every Sunday, save for one, of open enrollment**, limiting weekend opportunities for Americans to sign up for health care.
 - **Former HHS Chief Information Officer Frank Baitman explained:** “There are no insurmountable tech challenges that require <http://Healthcare.gov> to be offline. Only a lack of will & respect for [the American] people.” [Twitter, [9/22/17](#)]
- **Pulling out of all coordination with state and local officials on events to help Americans enroll.**
- **Halting all outreach to the Hispanic community**, the most underserved, underinsured population that has seen the largest gains in coverage since the ACA was signed into law.

ELIMINATING COST SHARING SUBSIDIES

In 2017, President Trump cut off Cost-Sharing Reduction payments that reduced out-of-pocket costs for low-income working families, causing confusion, increasing premiums, and destabilizing the market.

- According to a new study from the Urban Institute and the Robert Wood Johnson Foundation, premiums in the Obamacare exchanges — which provide insurance for people who do not get coverage through work or a government program like Medicaid — jumped 32% nationally for the lowest-cost silver-tier plan, as well as 19.1% for gold-tier plans. [Business Insider, [3/31/18](#)]

LEGAL CHALLENGES TO THE LAW

Since day one of the Affordable Care Act, Republicans in Congress have pursued legal challenges to the law, weakening the ACA and Americans’ access to affordable, quality care in states.

In 2012, the U.S. Supreme Court upheld the constitutionality of the Affordable Care Act but ruled the federal government could not compel states to expand coverage through their Medicaid programs. Following this ruling, 19 state governors still refused to expand Medicaid coverage.

- The [Urban Institute](#) predicts if all states expanded Medicaid, 5 million uninsured Americans would gain coverage.
- According to a 2016 report by the Office of the Assistant Secretary for Planning and Evaluation, premiums are about 7% higher in [states](#) that did not expand Medicaid.
- Republican governors [refuse to expand Medicaid](#) even in states where public support for expansion is overwhelming.

Congressional Republicans also filed a politically-motivated lawsuit in 2014 seeking to end cost-sharing reduction payments injecting uncertainty into insurance markets.

Eight years later and Republicans are still working to undermine the Affordable Care Act, deliberately increasing premiums, forcing Americans off coverage and driving up the cost of health care for millions of Americans. Democrats will continue to advocate for legislation to strengthen the ACA and allow more Americans to access affordable, quality health care.